



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Vickie Stanski

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Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17153726
Outpatient Patient Service Revenue	\$76969986
Total Gross Patient Service Revenue	\$94123712

2. Deductions From Revenue

Contractual Allowance	\$5623005
Other Deductions	\$1305428
Total Deductions	\$6928433

3. Total Operating Revenue

Net Patient Service Revenue	\$36581279
Other Operating Revenue	\$1225582
Total Operating Revenue	\$37806861

4. Operating Expenses

Salaries and Wages	\$9776632	Employee Benefits	\$3005589
Depreciation and Amortization	\$1509418	Interest Expense	\$210464
Bad Debt	\$3855698	Other Expenses	\$16322223
Total Operating Expenses	\$34680024		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3126837	Total Assets	\$24656537
Net Non-operating Gains over Loss	\$8925	Total Liabilities	\$27167935

Total Net Gains	\$3135762
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34236692	\$22239044	\$11997648
Medicaid	\$14324735	\$12211973	\$2112762
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$45562285	\$23091416	\$22470869
Total	\$0	\$57542433	\$-57542433

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$68020	\$-68020

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$9143	\$97296	\$-88153

Number of Medical Professionals Trained	105
Number of Hospital Patients Educated	15107
Number of Citizens Exposed to Health Education Messages	16742

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$522693	
HCI Payments	\$0		
Subtotal	\$0	\$522693	\$-522693
Medicaid Shortfalls	\$1782774	\$2164399	
Subtotal	\$1782774	\$2687092	\$-904318
DSH Payments	\$0		
Subtotal	\$1782774	\$2687092	\$-904318
Medicare Shortfalls	\$7818619	\$6441290	
Other Government Programs	\$1093839	\$1959286	
Total	\$10695232	\$11087668	\$-392436

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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